MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35193

1. PLACE OF DEATH

County Nodaway — Registration District No. 626 — File No.

Township Polk — Primary Registration District No. 3031 — Registered No. 98

City Maryville Mo (No. ..... St. ..... Ward)

2. FULL NAME Jesse Tayler Gilbert

(a) Residence. No. 801 East Thompson St., ... Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Gilbert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	8	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo.

PARENTS

10. NAME OF FATHER Henry David Gilbert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penna.

12. MAIDEN NAME OF MOTHER Sarah Reynolds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Mary Gilbert (Address) Maryville Mo.

15. FILED Oct 18, 1931 Mamie E. Clardy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18th 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Oct. 18, 1931 that I last saw him alive on Oct. 18, 1931, and that death occurred, on the date stated above, at 9 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Alcoholism

179 M

75 B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Drinking Vanilla Extract + Denatured Alcohol

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Hayford, M.D.

10/18, 1931 (Address) Maryville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Oak Hill Cemetry	10-20-31 19

20. UNDERTAKER	ADDRESS
Campbell Funeral Home Maryville, Mo.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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